



PSYCHOLOGICAL CHARACTERISTICS OF CHILDREN WITH SPEECH DEFECTS

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Article history:	Abstract:
<p>Received: 26th August 2021 Accepted: 24th September 2021 Published: 30th October 2021</p>	<p>The attention of children with speech pathology is characterized by a lower level of voluntary attention indicators, insufficient stability, difficulties in switching attention and planning their actions. It is much more difficult for these children to focus on completing an assignment in terms of verbal instruction than in terms of visual instruction. This category of children has serious problems in the development of perception (auditory, visual, kinesthetic, phonemic), disorders optical-spatial gnosis, difficulties in spatial orientation. With a relative preservation of semantic memory in children with speech disorders, verbal memory is reduced, and the productivity of memorization suffers.</p>
<p>Keywords: Speech development, self-organization, Communication capabilities, decreased observation, decreased motivation, negativism, visual memory</p>	

The volume of visual memory practically does not differ from the norm, while the level of auditory memory decreases with a decrease in the level of speech development. Children forget complex instructions, omit its elements, change the sequence of actions, do not resort to verbal communication with the target you clarify the instructions.

Children with speech disorders show specific thinking characteristics. They lag behind in the development of verbal-logical thinking, with difficulty master mental operations. The results of thinking are influenced by a lack of knowledge about the environment and disorders of self-organization. A delay in speech development leads to a lag in the development of imagination. The fulfillment of creative tasks causes great difficulties for children. Children's drawings are distinguished by the poverty of design and content.

They don't understand well the figurative meaning of words, metaphors, have difficulties in drawing up a creative story, in creating an imaginary situation. The majority of children with speech disorders have impairments in the development of the motor sphere, i.e., general and fine motor skills (poor coordination of movements, reduced speed and ease when performing them). Children have deviations in the emotional and personal sphere. They are characterized by passivity, instability of interests, self-doubt, increased irritability., sensitive dependence on others, a tendency to spontaneous behavior.

Children are characterized by a differentiated idea of their emotional states; however, it is difficult for them to convey emotions of fear, anger, surprise by mimic means, they cannot always express the emotional and semantic content of the statement. A speech defect contributes to the formation of inadequate self-esteem, a feeling of inferiority, shyness, and lack of confidence in their capabilities. In some cases, you can observe an overestimation of one's capabilities, an inadequately overestimated level of claims.

Communication capabilities are limited: children have a reduced need for communication, various forms of communication are not formed; children are not interested in contacts with others, do not know how to navigate in communication situations, show negativism, etc. Difficulties in interacting with the surrounding social environment predispose to maladjustment, to experiencing states of frustration.

The specific features of the intellectual and communicative-personal development of children with speech pathology are largely due to the mechanism and structure of the speech defect.

Features of the speech development of children with speech disorders have an impact on the formation of the child's personality, on the formation of all mental actions. Children have a number of psychological and pedagogical features that complicate their social adaptation and require targeted correction of existing violations. Features of speech activity are reflected in the formation of sensory, intellectual and affective-volitional spheres in children. There is insufficient stability of attention, limited abilities its distribution. With a relative preservation of semantic memory in children, verbal memory is reduced, and the productivity of memorization suffers.

In children, low mnemonic activity can be combined with a delay in the formation of other mental actions. The connection between speech disorders and other aspects of mental development is manifested in the specific features of thinking. Possessing full-fledged prerequisites for mastering mental operations, accessible by age, children

lag behind in development and verbal-logical thinking, with difficulty master the analysis and synthesis, comparison and generalization. In some children, somatic weakness and delayed development of locomotor functions are noted; they are also characterized by a certain lag in the development of the motor sphere - insufficient coordination of movements, a decrease in the speed and dexterity of their implementation.

The greatest difficulties arise when performing movements according to the verbal annotation. Lack of coordination of the fingers of the hand is common, underdevelopment of fine motor skills. Children with speech disorders show differences in the emotional-volitional sphere. Children are characterized by instability of interests, decreased observation, decreased motivation, negativism, self-doubt, increased irritability, anger, resentment, difficulties in communicating with others, in establishing contacts with their peers. Children with speech disorders have difficulties in the formation of self-regulation and self-control.

These features in the development of children with speech disorders are not spontaneously overcome.

They require specially organized correctional work from teachers. Special studies of children have shown a clinical abundance of manifestations of general speech underdevelopment. General speech underdevelopment is mixed with a number of neurological and psychopathological syndromes. More often found: - hypertensive-hydrocephalic - manifests itself in disorders of mental performance, accidental activity and children's behavior; in rapid exhaustion and satiety by any kind of activity; in increased excitability, irritability, motor disinhibition. Children complain of headaches and dizziness.

In some cases, they may have a heightened euphoric background of mood with manifestations of foolishness and complacency. - cerebrate syndrome - manifests itself in the form of overestimated neuropsychic exhaustion, emotional instability, in the form of dysfunctions active attention and memory. In some cases, the syndrome is mixed with manifestations of hyperexcitability, in others - with a predominance of lethargy, lethargy, passivity. - syndrome of movement disorders - characterized by a configuration of muscle tone, mild imbalances in balance and coordination of movements, inadequacy of differentiated motility of the fingers, lack of formation of general and oral praxis.

The presence of characteristic disorders in this group of children was revealed. Cognitive activity. Severe speech disorders in different ways, but necessarily find their reflection in the mental activity of a person, which manifests itself in a violation of the cognitive, emotionally - volitional sphere of the personality, interpersonal relations.

Perceptual impairment occurs in all children with speech disorders. Depending on which of the analyzers is the leading one, there are visual, auditory, tactile and other types of perception, the violation of which has its own specifics depending on the form of speech disorder. So, dysfunction of the speech-motor analyzer with rhinolalia negatively affects the auditory perception of phonemes, which manifests itself in a violation of phonemic hearing. In addition, there is a decrease in hearing acuity, which is caused by frequent otitis media, which, along with other factors, leaves an imprint on the formation of other components of speech, hearing impairment about perception with dysarthria is characterized by an even greater variety of manifestations than with rhinolalia. In addition to impaired phonemic hearing and decreased hearing acuity, in some cases, there is an increased sensitivity to sound stimuli. The most severe violations of auditory perception are observed with sensory alalia. In some cases, the child does not understand the speech of others at all, does not even react to his own name, does not differentiate the sounds of speech, noises of a non-speech nature. In others in some cases, he understands individual everyday words, but loses their understanding against the background of a detailed statement.

Still others relatively easily perform the required simple task, but at the same time they do not understand the words of the instruction outside a specific situation, that is, the general meaning of the phrase is perceived more easily than isolated words. At first glance, there are no gross violations of auditory perception in children with motor alalia. However, a more thorough examination reveals in many of them phonemic diffusion's representations, indistinctness of auditory perception, poor orientation in the sound and syllabic composition of the word, which leads to insufficient perception of addressed speech, slowness and difficulty in understanding grammatical forms and expanded text. Often, children, due to the indistinctness of phonemic perception, catch only individual elements of the phrase and cannot connect them into a single semantic structure. This limited understanding is a secondary manifestation of the main disorder - underdevelopment own speech.

A prerequisite for teaching children to read and write is the development of visual perception, which in children with speech disorders lags behind the norm and is characterized by a number of features. Typically for them is a violation of alphabetic gnosia, manifested in the difficulties of recognizing similar graphic letters depicted in dotted lines, in conditions of overlapping, noise, etc. Insufficiency of visual perception, leading to a persistent lag in the development of the semantic side of speech, occurs in children with optical alalia. For them characterized by extreme poverty of ideas about the environment, slow development of understanding of words, which has a completely different nature than with sensory alalia. Lagging in the development of visual perception, visual object images in children with speech disorders is often combined with a violation of spatial representations.

In particular, children with dysarthria find it difficult to differentiate concepts on the right, on the left, with difficulty assimilate many spatial concepts - in front, behind, between, cannot add a whole from a part and so on. Spatial disturbances are especially persistent in drawing a person: the image is characterized by poverty, primitiveness, which is typical for children not only with dysarthria, but also with alalia. In some children with speech defects, there is an underdevelopment of temporal representations, a violation of their verbalization, as well as an imperfection of the subjective sense of time, which has a negative effect on the development of oral speech. The structure of a memory disorder depends on the form of speech impairment. Thus, in children with rhinolalia, visual

memory is better developed than auditory memory. However, compared with normal speakers, they memorize words and objects worse, their logical memorization is significantly reduced.

Children with dysarthria sometimes show poorer visual memory than auditory memory is associated with severe visual impairment, weakness of spatial representations. This is especially true when memorizing a series of geometric shapes. It should be noted that the level of memory, especially auditory, decreases with a decrease in the level of speech development. In particular, very low indicators in the volume of short-term and long-term memory are found by children with motor alalia, whose speech development corresponds to the I-II levels of speech development. Memorizing verbal material in children with alalia proceeds much more difficult than memorizing images, which is already revealed during recognition - the lowest level of activity.

In general, compared with normal speakers, children with speech defects have a reduced volume of all types of memory (auditory, visual, tactile-kinesthetic). Violation of the structure of activity, inaccurate and fragmentary perception of instructions are associated not only with a decrease in activity, but also with the peculiarities of attention.

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